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Norwalk Hospital

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS**Fax****To:** Commissioner Cristine Vogel
Office of Health Care Access**From:** Geoffrey Cole**Fax:** 860-418-7053**Date:** March 29, 2005**Phone:****Pages:** 11**Re:****CC:**☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle****•Comments:**



Geoffrey Cole
President and CEO

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Norwalk Hospital

Norwalk,
Connecticut 06856

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

VIA FACSIMILE AND LETTER

March 29, 2005

Commissioner Cristine Vogel
Office of Health Care Access
410 Capitol Avenue, MS 13HCA
Post Office Box 340308
Hartford, Connecticut 06134

RE: Letter of Intent
Renovation of Norwalk Hospital Lobby

Dear Commissioner Vogel:

Attached please find the Letter of Intent/Waiver Form 2030 for the Renovation of Norwalk Hospital Lobby project.

Please forward any written correspondence to Susan Santoro, Director, Program and Business Development, Maple Street, Norwalk, Connecticut 06856, email at susan.santoro@norwalkhealth.org or telephonically at 203.852.2025.

Thank you for your consideration.

Sincerely,

Geoffrey F. Cole
President and Chief Executive Officer

cc: Susan Santoro



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Norwalk Hospital Association	
Doing Business As		
Name of Parent Corporation	Norwalk Health Services	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Maple Street Norwalk, Connecticut 06856	
Applicant type (e.g., profit/non-profit)	Not-for-Profit	
Contact person, including title or position	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	Maple Street Norwalk, Connecticut 06856	
Contact person's phone #, fax # and e-mail address	203.852.2025 (Telephone) 203.899.5063 (Fax) susan.santoro@norwalkhealth.org	

Norwalk Hospital
Letter of Intent: Renovation of Norwalk Hospital Lobby

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Renovation Of Norwalk Hospital Lobby

b. Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

- ☒ Project expenditure/cost greater than \$ 1,000,000
- ☐ Equipment Acquisition greater than \$ 400,000
- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

34 Maple Street, Norwalk, Connecticut 06856

Norwalk Hospital**Letter of Intent: Renovation and Expansion Of Sleep Center Program**

- d. List all the municipalities this project is intended to serve:

Norwalk Hospital Primary Service Area includes City of Norwalk, New Canaan, Westport, Wilton and Weston as well as surrounding towns.

- e. Estimated starting date for the project: July 2005

- f. Type of project: 31, 28 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 4,300,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 3,873,300
Medical Equipment (Purchase)	\$ -
Imaging Equipment (Purchase)	\$ -
Non-Medical Equipment (Purchase)	\$ 426,700
Sales Tax	-
Delivery & Installation	
Total Capital Expenditure	\$ 4,300,000
Fair Market Value of Leased Equipment	-
Total Capital Cost	\$ 4,300,000

Norwalk Hospital
Letter of Intent: Renovation and Expansion Of Sleep Center Program

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
- ☒ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
- ☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

Norwalk Hospital
Letter of Intent: Renovation and Expansion Of Sleep Center Program

SECTION IV. PROJECT DESCRIPTION (CONTINUED)

Norwalk Hospital seeks regulatory approval to renovate the Norwalk Hospital Lobby with street location at 34 Maple Street, Norwalk, Connecticut 06856. This is the first major cosmetic renovation within the past thirty years of the hospital lobby. The project aims to provide a more esthetically pleasing and functional environment for patients and families.

The proposed renovation of the Norwalk Hospital lobby is comprised of the following areas:

- Lobby Entrance
- Gift Shop
- Coffee Shop
- Chapel
- Perkins Auditorium Lobby
- Public Restrooms within lobby
- Public hallway

Renovations to the Main Lobby includes the creation of new entry vestibule; relocation information desk; new finishes throughout the Lobby and immediately adjacent public corridors; renovation of the Auditorium Lobby including relocation and of public toilet rooms to bring function to American with Disabilities Act compliance; relocation of Volunteers space; and expansion of existing Chapel.

Renovations to the Café includes the creation of a new entrance from the Lobby to the Café; reconfiguration of seating area and kitchen area including the purchase of new food service equipment.

Norwalk Hospital
Letter of Intent: Renovation and Expansion Of Sleep Center Program

The Gift Shop would be relocated allowing for consolidation of the retail space with the gift shop storage, space which is currently distant to the present location.

Norwalk Hospital population served would include Primary Service Area towns of City of Norwalk, Westport, Wilton, Weston and New Canaan as well as surrounding communities. The payor mix of the service would be consistent with current hospital.

Norwalk Hospital
Letter of Intent: Renovation and Expansion Of Sleep Center Program

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number:

 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

Norwalk Hospital
Letter of Intent: Renovation and Expansion Of Sleep Center Program

AFFIDAVIT (NOT APPLICABLE)

Applicant: _____

Project Title: _____

I, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that _____ complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Norwalk Hospital
Letter of Intent: Renovation and Expansion Of Sleep Center Program

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical